

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>REPORT OF PHYSICIAN/          MENTAL HEALTH PROFESSIONAL OF          ALLEGED INCAPACITATED INDIVIDUAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, alleged incapacitated individual

1. I have been appointed by the court as an examining ☐ physician. ☐ mental health professional.

2. I report to the court as follows:

a. A detailed description of the physical and/or psychological infirmities of the individual: \_\_\_\_\_

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b. Explanation of how and to what extent any infirmities interfere with the ability of the individual to receive or evaluate information in making decisions:

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c. Listing of all medications the person is receiving, the dosage of the medication, and a description of the effects each medication has upon the individual's behavior.

1) \_\_\_\_\_

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2) \_\_\_\_\_

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3) \_\_\_\_\_

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4) \_\_\_\_\_

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(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

d. Prognosis for improvement in the individual's condition and recommendation for the most appropriate rehabilitation plan:

e. This report was based on evaluations performed by the following persons who have signed this report.

1)

Name (type or print)

Title

Signature

2)

Name (type or print)

Title

Signature

3)

Name (type or print)

Title

Signature

f. Additional observations:

3. I recommend:

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.